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Digest of the Philadelphia College of Osteopathic Medicine (Fall 2012)

Philadelphia College of Osteopathic Medicine

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FOR ALUMNI & FRIENDS OF PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

DIGEST

2012 No3

On LEADERS and LEGACIES

PROFILES OF NINE PCOM ALUMNI WHO
INFLUENCE OSTEOPATHIC MEDICAL EDUCATION





Dear Alumni and Friends:

Since 2013 is still quite new, I take this opportunity to share my earnest wish that the coming year will be for you—and for our College community—a year of hope, strength and renewed commitment to all that is good.

This year greets us with good news. We are pleased about the news that Philadelphia College of Osteopathic Medicine has received a full seven-year accreditation from the American Osteopathic Association (AOA) Commission on Osteopathic College Accreditation for both of our campuses—the maximum level possible. No requirements were set, and the College received nine commendations (abridged below):

- PCOM is to be commended for having a very comprehensive set of policies on conflict of interest, disclosure, and a code

of conduct, which jointly set a high standard for procedures for addressing conflicts of interest, duty to disclose, periodic reviews, reporting responsibilities, confidentiality and protection against retaliation, among other issues. These policies are a model of best practices, in this area.

- PCOM is to be commended for being able to provide for operations of its Philadelphia campus with no deferred maintenance, while at the same time developing the Branch campus in Suwanee, Georgia.
- PCOM's Admissions Office is to be commended for having done an outstanding job of tying the outcome criteria of its current students to its admissions decisions.
- The Student Services departments at PCOM and GA-PCOM are to be commended for doing an excellent job taking care of the students' non-academic needs . . .
- PCOM's osteopathic program is to be commended for its leadership in the development, implementation, and continuous evaluation of an interdisciplinary integrated curriculum . . .
- PCOM faculty and administration are to be commended for their commitment to providing an excellent program. An outcome process of assessment of learning outcomes is completed and reviewed regularly.
- PCOM faculty and administration are to be commended for the focus on learning outcomes to guide development of the osteopathic program.
- PCOM is to be commended for the extensive documentation by students, faculty and administration of the assessment of achievement at the clinical sites.
- PCOM is to be commended for the active participation of its faculty and administration via visitation and close cooperation of all the OPTI sites in the administration of the clinical clerkship efforts in meeting the mission of PCOM.

I believe the Commission identified—as have we, as an institution, many of the outcomes made possible by our Mission, our guiding Strategic Plan—and the steadfast commitment and sense of purpose inherent within our community. As we face new challenges—including uncertainty about funding levels for graduate medical education—we will continue to draw from our best as we answer the call to responsible stewardship of the legacy of excellence entrusted to us.

As you peruse this issue of *Digest Magazine* and its special 2012 *Report of Donors* insert, I trust that you will take great interest and satisfaction in the achievements of fellow alumni, students, trustees, administrators, faculty, staff, and friends who employ in profound ways compassionate, holistic approaches to clinical, didactic and other professional leadership responsibilities required in ever-changing educational, healthcare and scientific environments.

Thank you for your continued support of PCOM.

With warmest regards,

Matthew Schure, PhD
President and Chief Executive Officer

DIGEST

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PCOM School of Pharmacy Is Preparing Students to Practice as Part of the Healthcare Team

ON THE COVER

[image by Jeff Reeder] Presently, eight of the 29 osteopathic institutions across the country have nine PCOM alumni at their headship. These leaders share thoughts on the institutions they guide, the future of osteopathic medical education and memories of their experiences at PCOM.



Psi Chi Society New to Campus



Psi Chi inductees sign the induction register. Faculty members are eligible to join the society or change their membership to PCOM.

The Psychology Department has established a chapter of Psi Chi, the international honor society, at PCOM. “Our goal in establishing a Psi Chi chapter is to recognize the academic achievement of our students as well as provide an enhancement to the psychology program and climate,” explains faculty advisor Jessica Glass Kendorski, PhD, NCSP, BCBA-D, assistant professor, psychology. “We hope through this Psi Chi chapter to create a climate dedicated to service to the community, establishing connections to the broader psychological community at the national and international levels and fostering relationships between students and faculty members.”

Psi Chi was founded in 1929 with the purpose of encouraging, stimulating and maintaining excellence in scholarship and advancing the science of psychology.



New to Georgia Campus

R. Bryan Ginn, Jr., has joined GA-PCOM as chief campus officer. In this role, Mr. Ginn will manage external outreach to local, state and federal government officials as well as manage administrative coordination between GA-PCOM and PCOM’s senior leadership team in Philadelphia.

Prior to joining GA-PCOM, Mr. Ginn served in multiple leadership roles at Georgia Health Sciences University as well as in advancement and external affairs roles at Kennesaw State University and Georgia Southern University. Early in his career, he served on the staffs of a member of the U.S.

House of Representatives and the U.S. Senate.

Mr. Ginn is a member of the Gwinnett Chamber of Commerce Board of Directors and has served as a member of the Board of Directors for the Georgia Chamber of Commerce and its Government Affairs Council. He is professionally associated with the Council for the Advancement and Support of Education, the Georgia Education Advancement Council and multiple other professional associations.

Pharmacy Student Receives National Recognition and Local Internship

Naba Rahman, a third-year pharmacy student, was named one of only 75 pharmacy students from across the country as an American Association of Colleges of Pharmacy (AACP) Wal-Mart Scholar. The goal of the scholarship program is to strengthen the recipient’s skills and commitment to a career in academic pharmacy through participation at the AACP annual meeting and seminars.

Ms. Rahman also received a VA Learning Opportunities Residency (VALOR) internship this past summer at the Atlanta Veterans Administration Medical Center. The competitive, comprehensive 10-week internship offered career-building experiences in both distributive and clinical pharmacy services.

Commenting on her experiences, Ms. Rahman said, “As a VALOR intern, I completed two research projects, worked in the outpatient and inpatient pharmacies and gained valuable training in chart review and pharmacotherapy consultations with direct patient contact in the ambulatory care setting. I am very thankful to PCOM and the VA for granting me this learning opportunity and allowing me to serve our veterans who selflessly serve our country.”



Wal-Mart scholar Ms. Rahman, right, with her mentor, Samuel John, PharmD, assistant professor of pharmacy practice, GA-PCOM.

Strengthening Western Pennsylvania Ties



PCOM has teamed with Heritage Valley Health System to create housing and classroom space for DO students who choose to complete their third- and fourth-year core rotations in Western Pennsylvania. The facility will be located in the former Sewickley Valley School of Nursing building located behind Heritage Valley Sewickley Hospital in Sewickley, Pennsylvania.

“Many of our medical students come from the region and want to return there to complete their clerkships and, hopefully, their residencies,” explains Kenneth J. Veit, DO ’76, MBA, provost, senior vice president for academic affairs and dean. “Now, thanks to Heritage Valley, the students have a facility to call their own.”

The center will include a ten-bed living space and a classroom equipped with state-of-the-art technology. Students using this space are not limited to the Heritage Valley Health System for their clerkships, but can participate in all the Western Pennsylvania sites. The site will be ready to house students by spring of 2013.

“The partnership with PCOM represents an exciting opportunity for Heritage Valley to host medical students that are interested in completing core rotations in Southwestern Pennsylvania,” says Norm Mitry, president and CEO, Heritage Valley Health System. “We believe this will encourage young physicians to remain in the region and establish medical practices after graduation. Furthermore, we are happy to once again utilize this historic building located on the Sewickley campus.”



Renderings of the new facility in the former Sewickley Valley School of Nursing building.

Assistant Dean Named



Dr. Kuo

David Kuo, DO ’96, has been named assistant dean of graduate medical education and director of medical education of the PCOM Philadelphia consortium internship/residency programs, overseeing programs that include 130 interns and residents in 11 different programs. He will continue to practice medicine on a limited schedule at PCOM Healthcare Center – Roxborough Division and will maintain his position as program director of the Mercy Suburban/PCOM family medicine residency.

Richard Pascucci, DO ’79, will remain vice dean of the PCOM campus, DO program, and chief academic officer of the PCOM MedNET OPTI [Osteopathic Postdoctoral Training Institution] system.

Cloaked for Success



GA-PCOM students celebrate after receiving their white coats—symbols of faith, confidence and compassion.

Members of the incoming classes for the DO, PharmD and Physician Assistant programs had the honor of donning the first white coats of their career during ceremonies held throughout the fall. The PCOM DO Class of 2016 welcomed 257 students, GA-PCOM welcomed 125 DO students, the School of Pharmacy welcomed 109 new students and the Physician Assistant program welcomed 56 incoming students.

Established by the Arnold P. Gold Foundation, the White Coat Ceremony welcomes medical students into the field and helps them to establish a psychological contract for the practice of medicine. The white coat was introduced into the practice of medicine from the laboratory sciences at the turn of the 20th century. Prior to that time, physicians wore street clothes or black aprons to hide the blood of surgery. As medicine advanced in the early 1990s, doctors adopted white coats to bolster their scientific credibility. Students wear short white coats, while physicians wear the traditional long white coat.

Library Offers New Alumni Resource

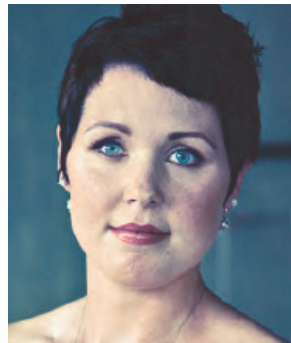
The PCOM library is now offering alumni free subscriptions to DynaMed™, an evidence-based clinical reference tool for point-of-care use. Available online or through mobile applications, DynaMed gives physicians who are without access to academic information systems a reference library that is updated daily.

“Family physicians need to make point-of-care decisions, and it allows us to look at the latest studies and levels of evidence on a wide range of clinical topics without having to go to primary sources, which is not practical or time-effective,” says Kathleen E. Sweeney, DO ’84, director of osteopathic internship and family practice residency, and associate director, Altoona Family Physicians Family Medicine.

“Information in textbooks is rapidly outdated,” notes Dr. Sweeney, “but DynaMed is evidence based, peer reviewed and updated constantly. I can have peace of mind that I have reviewed the evidence supporting my clinical decisions before treating my patients in real time in the office. Each topic also offers links to the primary research sources and guidelines. Many of my residents and interns are PCOM alumni, and we are all utilizing it daily. I really felt the College was in touch with what every practicing healthcare provider needs when they offered it to alumni.”

To obtain a user name and password to log onto DynaMed or to request the serial number required to download to your mobile application, e-mail the library at library@pcom.edu.

Outstanding Physician Assistant Alumna



Ms. Emmons

Marcy Emmons, PA-C ’04, is the recipient of the 2012 PCOM Outstanding Physician Assistant Alumni Award. As one of her nominators states, “[While at PCOM] Marcy showed intelligence, compassion, a love of life, a great sense of humor, and a strong desire to help others. Those personal characteristics would serve her well when, in 2008 at age 30 and while nursing her second daughter, she was diagnosed with invasive ductal cell carcinoma of the breast.”

After grueling treatments and a mastectomy, Ms. Emmons has been cancer-free for four years. She became a vocal advocate for cancer research and awareness. She participated in the SCAR project, which raises awareness of early-onset breast cancer; she was interviewed by *Redbook Magazine* and participated in a documentary about the SCAR project. She and her husband are also writing a book to help other couples navigate this unfamiliar terrain.

Ms. Emmons continues to practice family medicine, speak publicly about breast cancer and lead her daughter’s Daisy Girl Scout troop. She is also preparing for her fourth half marathon of the year (one half marathon for each year she’s been in remission). When asked if having been a cancer patient has changed the way she practices medicine, she notes that in addition to becoming more empathetic, she vows not to make patients wait past their appointment times. “That was a pet peeve of mine as a patient,” she emphasizes. “As I waited to see my doctors, I promised myself that I would never make patients wait.”

Recognizing Leadership



Ms. Cohen with C. Scott Little, PhD, lead researcher of the FARI project (left), and Brian Balin, PhD, basic science director of the Center for Chronic Disorders of Aging.

PCOM Trustee Lita Indzel Cohen, Esq., hosted a reception for donors to the Food Allergy Research Initiative (FARI) this fall on the PCOM campus.

The evening included a buffet dinner, a display of vintage clothing from Philadelphia University, gift bags courtesy of Lord and Taylor's and Saks and a presentation by Ms. Cohen and the FARI researchers.

FARI was established by Ms. Cohen in 2008 in response to her grandson's severe peanut allergy. Peanut allergy is the most common cause of food-related death according to the Asthma and Allergy Foundation of America. As many as 1.5 million people suffer from the disease, according to the American Academy of Allergy, Asthma and Immunology.

Under the auspices of PCOM's Center for Chronic Disorders of Aging, researchers are targeting the immune system to decrease the severity of allergic reaction to peanuts in the hope of transforming the allergy from a life-threatening to a manageable condition.

To make a tax-exempt donation to FARI, you may send a check to FARI, P.O. Box 408, Bala Cynwyd, PA 19004, or call 215-871-6120.

Rewarding Generosity



Dr. Blake with PCOM President Matthew Schure, PhD.

J. Steven Blake, DO '89, MSc, FACOI, was awarded the President's Leadership Award at the President's Recognition Reception on October 24, 2012. Dr. Blake is a member of the PCOM Board of Trustees and a Philadelphia gastroenterologist, philanthropist and entrepreneur. Leading by example, Dr. Blake has mentored high school students in his hometown of north-west Mississippi, provides PCOM Alumni Association life memberships to numerous graduates and has tirelessly encouraged alumni to donate to PCOM following his own leadership gifts.

In addition to Dr. Blake receiving the Leadership Award, Martin S. Neifield, DO '46, Jeffrey A. Lindenbaum, DO '75, and Douglas E. Mazzuca, DO '83 received membership in the 1899 Society, which recognizes donors who have reached the cumulative giving level of \$50,000 or more.

Students Serve the Greater Good



Student Government Association President Mike Tecce (DO '15) works with local students to clean up Lee Cultural Center in West Philadelphia.

“Our students’ service reflects the College’s Mission to provide basic medical needs for the marginalized and to bridge the gaps between what exists and what is needed.”

— Tina Woodruff, EdD,
Chief Student Affairs Officer

PCOM and GA-PCOM students organize and conduct myriad community outreach projects throughout the year. Some highlights from the past few months include fundraisers, OMT treatments for athletes and community cleanups.

Members of PCOM’s Emergency Medicine Interest Group (EMIG) volunteered at the Bike MS: City to Shore Ride on September 28 and 29. Students staffed a rest stop and provided OMM for bikers who rode all or part of the 100-mile charity ride.

The Student Osteopathic Medical Association (SOMA) of GA-PCOM sponsored the Old Peachtree Road 5K in August, raising \$2,000 for Rainbow Village, a transitional housing community for homeless families with children in Gwinnett County. SOMA is helping to erase the myth that homelessness is an inner-city issue. The funds raised were double those from last year’s event.

Sigma Sigma Phi, GA-PCOM, donated the proceeds from its annual golf tournament, held in October, to Hope for Steve (www.hopeforsteve.com). This was one of several events held in Atlanta, Boston and Pittsburgh to help Steve December, who was diagnosed with ALS (Lou Gehrig’s disease) just shy of his 28th birthday.

The traditional PCOMmunity Outreach Day was expanded this year to an entire weekend. This year’s PCOMmunity Outreach Weekend embodied the spirit of the College, as students from all programs worked hand-in-hand with one another and the communities they serve. Included in the weekend’s activities was a clean-up day at a West Philadelphia playground, and a variety of volunteer assignments at the Leukemia and Lymphoma Society’s Light the Night Walk and the Juvenile Diabetes Research Foundation Walk.

PROTECTING HUMAN RIGHTS

RELIEVING SUFFERING

by Nancy West

A woman from Senegal waited, alone and frightened, in the York (Pennsylvania) Detention Center to tell her story to Marion Brown, DO '77. After surviving for more than five years as a sex slave in Senegal, the woman had finally escaped to the United States. Afraid to go back home, she was seeking asylum and hoped to become an American citizen.

Since 2001, as a volunteer advocate for the Physicians for Human Rights Asylum Network, Dr. Brown has helped more than 30 individuals fleeing from danger in their home countries and seeking asylum in the United States. The woman from Senegal was her first.

"I want to take care of people who don't

Dr. Brown learned that the woman had been among a group held captive by guerrillas who moved from village to village, terrorizing people. After a number of years, she contracted malaria. Since she was no longer well enough to submit to their sexual assaults every night, they put her to work in the kitchen instead. With help from another kitchen worker, she arranged to escape to Germany along with her brother. In Germany, she went to a party where she pilfered passports for herself and her brother so they could fly to the United States. Overwhelmed and nervous when she arrived in New York, she went to the police and admitted that she had entered the country illegally. Her brother ran away, and she never saw him again. She ended up in the York Detention Center, more like a jail than a shelter for someone seeking asylum.

Dr. Brown documented the woman's story of physical and psychological trauma, abuse and oppression in detail and prepared an affidavit for her court hearing. As a result, the woman was granted asylum. But Dr. Brown didn't stop there. She continued to stay in touch with the woman, helping her get a job in York with decent health benefits.

Similarly, she assisted a woman who had escaped from Sudan with her two children. In addition to helping her obtain asylum, she arranged for the woman's child to get orthopedic care at Shriners Hospital in Philadelphia. Dr. Brown also helped her get a job and provided her with financial support when she ran out of money. "You get involved with their lives when you learn about the problems they face. How could you not?" she asks.

Most of the women Dr. Brown has helped over the years had female babies and didn't want to go back home for several reasons. "First, these women ran away from their husbands with children, and in Africa, children belong to the husband for the first seven years. You cannot take a child out of Africa," she explains. "Also, if the woman had a female child, she knew that her little infant girl would be subjected to female genital mutilation if she went back. The mother was already circumcised and didn't want the baby to endure that. Third, she would be ostracized by her village because she left. These women were political activists, and some had been arrested and jailed in their country, so they would also face serious legal problems if they went back."

Dr. Brown's involvement with Physicians for Human Rights (PHR) began when she retired from her obstetrics and gynecology practice in Bloomsburg, Pennsylvania. But her interest in "taking care of people who don't have a chance" began much earlier when she left her highly successful private practice in Bryn Mawr, Pennsylvania, to start a small practice in central Pennsylvania where she would have the opportunity to provide services for an underserved rural population. "I wanted to take care of the poor and the elderly," she relates.

Her passion for taking care of disadvantaged populations shifted into high gear when PHR asked her to travel with a study group to Peru to examine the causes of maternal mortality in developing world countries. High in the Andes Mountains where people can get to health clinics only by truck or motorcycle, she studied seven cases where women had died in childbirth. Delay in getting medical care proved to be a major problem, according to Dr. Brown.

"To begin with, in developing countries, women are not empowered. The husband makes all the decisions, including when it's time to go to the hospital for treatment, and they usually go by ox cart, truck or motorcycle," she explains. "First, they go to the local clinic, but if the woman has a problem, the clinics often don't have adequate equipment, so they send the woman to a district hospital, which is usually an hour or two away. Usually by the time they get to the hospital, the damage has been done and is so horrendous that they can't reverse any of it. Either the mother dies, the baby dies, or both."



Other primary causes of maternal death in developing countries are hemorrhage, high blood pressure, infection and prolonged obstructed labor. “Sometimes labor has been going on for three or four days and they try things you can’t even imagine to deliver the baby,” reports Dr. Brown. “They’ve actually jumped on the mother’s stomach to try to push the baby out.

“I really got bitten by the human rights bug on that trip,” she states. “I started with asylum work and suddenly found myself in Peru and Africa!”

TEACHING FOR INDEPENDENCE

Dr. Brown has traveled to Tanzania as part of a group called Madaktari Africa (madaktari means “doctor” in Swahili), whose mission is to end the cycle of dependency on outside healthcare organizations by teaching and training local and rural healthcare workers. The group aims to ensure that the local healthcare professionals can continue to perform the medical procedures they have been taught after the visiting physicians leave. She has also traveled to Rwanda and Haiti with a similar group called Partners In Health, and to Zambia with Massachusetts General Hospital and Harvard University.

During annual three- to six-month stints in Africa, Dr. Brown teaches local midwives and physicians various aspects of labor and delivery, surgical techniques and postpartum care. “In Africa, doctors don’t complete an internship or residency,” she explains. “They go straight from medical school into practice. In the beginning, they don’t know how to perform a lot of surgical procedures or the art of diagnosing patients, so it’s not unusual to see the local doctors looking at a surgical procedure text while the patient has been surgically opened to decide the next steps.”

Dr. Brown remembers one patient in particular who came to the hospital in Tanzania. The woman was about 14 weeks pregnant, but she also had end stage liver cancer. “She and her husband had one other child and had tried for five years to have another baby,” she recalls. “Even though the mass in her liver was huge and inoperable, she really wanted that baby. The Tanzanian doctors wanted to abort the child and operate on the mother. I explained to the doctors that this was inoperable. We had a CAT scan, and there were tumors everywhere.

“To try to support the mother, I used to go to the X-ray department and drag the ultrasound machine to her bedside and show her that the baby was still alive,” she continues. “It was sad. I left Tanzania before she died. One of the midwives e-mailed me later with the news of her passing.”

SAVING LIVES

When she first went to Africa, Dr. Brown wanted to save the world. “I learned quickly that you can’t,” she says. “But I have saved a few lives. For instance, a woman with high blood pressure came into the ER seizing with a diagnosis of eclampsia. We got the situation under control, delivered a live baby, and sent her home with medication. In another case, we made a diagnosis of fetal distress, performed a C-section, and saved the mother and baby. Those to me are win situations. They’re small, but if I can do a little good, I feel I’ve done a lot. It enriches me.

“My passion is life,” she continues. “I’m an obstetrician because I’m obsessed with life. I’ve delivered 8,000 babies, and I never took any of it for granted. I love my work. My job is my soul. I feel fortunate to have found my way to PHR and other solid organizations like Partners In Health and Madaktari Africa where I can continue to contribute in such a rewarding way.”

In Africa as well as Haiti, where she has traveled twice with Partners In Health, Dr. Brown hopes that the physicians and midwives will not only continue to use what she has taught them, but that they will also “teach it forward” to others.

Displaced Populations: Research Addresses Health Issues

When Alexander Vu, DO ’96, was seven years old, he and his family tried to flee twice by boat from Vietnam. They were not successful. “The second time we tried to escape, we ran out of provisions and were drinking salt water,” he recalls. “Later, we were able to immigrate to the United States through family sponsorship.”

Inspired by his challenges as a refugee, Dr. Vu pursued the path of public health and human rights. Now director of the Johns Hopkins International Emergency Medicine and Public Health Fellowship Program, Dr. Vu also has affiliations with the Johns Hopkins Center for Public Health and Human Rights and with the Center for Refugee and Disaster Response. He is spearheading research to develop measurement methods and interventions to improve access to health care and health outcomes for refugees and other displaced populations.

Currently, he is principal investigator on several studies, including one to develop a screening tool to identify survivors of gender-based violence among displaced populations. “Our goal is to raise awareness and increase understanding of the prevalence of gender-based violence against conflict-affected displaced women, girls, men and boys,” he explains. “There is huge underreporting of women who are raped, and almost no understanding of rape among men because of societal stigma and inadequate infrastructure to address their needs. Once this screening tool is validated, we hope it will be used in refugee camps globally with our partner UNHCR [the UN Refugee Agency] so we can identify survivors early and get them the treatment they need.”

Dr. Vu is also principal investigator on a study to track health outcomes of Tibetan refugees living in India and Nepal. “One of the biggest health challenges for refugees is access to healthcare services,” he observes. “For Tibetan refugees, political agendas get in the way of providing adequate health care, because anyone who takes on their plight may face the wrath of China. For that reason, the Nepalese government is slowly restricting access to healthcare services to the Tibetan refugee community.”

Dr. Vu notes that more research is needed to find ways to apply innovative epidemiologic methods to measure and document human rights violations and to understand health outcomes and interventions focused on the displaced population. “The more researchers we have, the more we are able to see various needs of the refugees and internally displaced persons and find ways to meet them,” he says.



TEACH IT FORWARD

She encourages medical students and physicians to get involved in human rights early in their careers. “Join PHR and get involved in the Asylum Network. Or take two months off from your practice and travel with groups like Madaktari Africa that not only provide care, but are committed to teaching the local health workers how to provide care,” she urges. “You need two months because it takes three to four weeks for you to adjust, learn the system, get to know the locals and be accepted by them. Once they accept you, then they can begin to learn from you.”

Education is also essential for women in developing nations to escape the cycle of oppression, abuse and violence, according to Dr. Brown. “Education can help these women rise above desperate situations, because women who know more won’t allow men to take such advantage of them. They will hopefully make something of themselves and get out of poverty and the medical problems that often go with it.”

Dr. Brown made her own contribution to educating women in Tanzania, where three little girls regularly came to her home and asked to use her computer. When she saw how smart and interested in school they were, she went to their school and gave the principal enough money to cover the cost of their uniforms and supplies for the year.

As she plans her return to Tanzania in 2013, she reflects, “You have to do something that’s true to your heart. I’ve been fortunate to have a profession I love and one that has allowed me to give back to the world in meaningful ways.”

PCOM STUDENTS ADVOCATE FOR HUMAN RIGHTS

Several PCOM students managed to live on five dollars each for a whole week last spring, not because they were broke, but because they wanted to raise money for the Global Poverty Project, one of many initiatives supported by the PCOM Chapter of Physicians for Human Rights (PHR). “We pooled our resources that week, but it was still very hard. We ate a lot of cereal,” says Duyen Mai (DO ’15), an executive board member of the chapter. “It gave us a very personal perspective of what it would be like to live like that every day—and more than a billion people in the world do.”

Ms. Mai and 35 other PCOM students are learning what they can do to advocate for human rights as members of the PCOM Chapter of PHR. This independent organization was founded in 1986 to stop mass atrocities and other human rights violations that cause severe physical and mental harm to individuals. The organization relies on health professionals, “with their specialized skills, ethical duties and credible voices,” to investigate abuses and document evidence. Through countless investigations, PHR has raised awareness and advocated for change globally to protect human rights and prosecute those who violate them.

The PCOM Chapter of PHR sponsors many activities and educational events to raise awareness of human rights on a global and local level, according to Ms. Mai. Over the past two years, the group has offered workshops on human trafficking and the use of children as weapons of war.

The chapter also plans to participate in Nothing but Nets, an international program to fight malaria, by donating nets to mosquito-infested regions of Africa. This academic year, the group will also offer a workshop about the shortage of HIV/AIDS medications in the developing world and its devastating effects.

Locally, PCOM chapter members have helped to provide care at a clinic for an underserved population in Philadelphia, and they regularly sort and pack food for Philabundance. This year, they participated in the Philabundance Paper Plate Advocacy Project by writing messages about ending hunger on paper plates that are sent to Pennsylvania Governor Tom Corbett; for every message sent, a local law firm donates one meal.

“Our Physicians for Human Rights chapter helps medical students gain a broader perspective of how they can serve humanity,” says Ms. Mai. “What they can do for the world extends far beyond the medical care they will provide as physicians.”



On LEADERS and LEGACIES

PROFILES OF NINE PCOM ALUMNI WHO INFLUENCE OSTEOPATHIC MEDICAL EDUCATION

by Janice Fisher

Philadelphia College of Osteopathic Medicine can lay claim to training more distinguished leaders in osteopathic medicine—among them presidents and vice presidents, provosts and deans, and chief academic officers—than any other osteopathic medical institution.

Presently, eight of the 29 osteopathic institutions across the country have nine PCOM alumni at their headship: Paul Evans, DO '79, FAAFP, FACOFP, vice president and founding dean at Marian University College of Osteopathic Medicine; John M. Ferretti, DO/MS '73, FACOI, president and chief executive officer, and sister Silvia M. Ferretti, DO '77, provost, senior vice president and dean of academic affairs at Lake Erie College of Osteopathic Medicine; Robert Goldberg, DO '77, dean and chief academic officer at Touro College of Osteopathic Medicine; John M. Kauffman, Jr., DO '86,

founding dean and chief academic officer at Campbell University School of Osteopathic Medicine; Craig J. Lenz, DO '78, FAODME, founding dean and senior vice president at Alabama College of Osteopathic Medicine; and Anthony J. Silvagni, DO '82, PharmD, MSc, FACOFP *dist*, FAFPE, dean at Nova Southeastern University College of Osteopathic Medicine. PCOM likewise is guided by alumni: H. William Craver III, DO '87, FACOS, dean and chief academic officer at Georgia Campus – PCOM; and Kenneth J. Veit, DO '76, MBA, provost, senior vice president for academic affairs and dean at PCOM.

In the following pages, these nine individuals share thoughts on the institutions they guide and on the future of osteopathic medical education, as well as memories of their PCOM education.

Paul Evans, DO '79, FAAFP, FACOFP
*Vice President and Founding Dean,
Marian University College of Osteopathic
Medicine*

There's no start-up guide for founding deans of osteopathic medical schools. Dr. Evans has written one and is working on a second.

Dr. Evans is vice president and founding dean of Marian University College of Osteopathic Medicine (MU-COM) in Indianapolis, where the first class of 150 students will arrive in August 2013. Before joining Marian, a 75-year-old Catholic institution, Dr. Evans was founding dean and chief academic officer at PCOM's Georgia Campus.

MU-COM will share its new home, the Michael A. Evans Center for Health Sciences—a 140,000-square-foot building offering classroom, lecture and office space on four floors—with Marian's School of Nursing. The two schools will work in tandem to expand the Marian mission of healing. "Programs are planned for IPE [interprofessional education] for nurses and doctors to train together," says Dr. Evans. Medical students will have rotations in hospitals that already train Marian nurses, as well as many others that are new. MU-COM is also "collaborating with the Indiana University School of Medicine," he reports, "sharing basic faculty in anatomy and also sharing some basic education opportunities with the large IU hospital system."

MU-COM's innovative curriculum builds on the 2010 Carnegie Report on physician education, Dr. Evans says. "We'll have a first-year clinical experience, and we're adopting the National Board of Osteopathic Medical Examiners' 2011 fundamental osteopathic medical competencies as requirements for graduation." Dr. Evans served on the Blue Ribbon Panel that developed some of these competencies. "Our educational philosophy at Marian is focused on learning, not teaching," he says. "The shift from a faculty-centric model to a student-centric model changes everything in designing instruction and assessments."

Dr. Evans notes a paradox inherent in medical education: "You become a good scientist, a linear thinker, to get into medicine. But medicine isn't linear at all; it's heuristic, based on patterns, recognizing variations on a theme as well as the theme." What's more, he adds, "Medical education is changing globally, and we need to respond. Our goal is to define what's going to happen in the future, not just now. How will medicine be practiced in 2025?"

When Dr. Evans retired from the military in 1998 as a colonel, after 26 years of service, he made "a conscious decision to give back to osteopathy. I'm very grateful to the osteopathic profession," he says. Mentors during his student days at PCOM included Robert England, DO '56, dean, 1973–1985, and Thomas M. Rowland, Jr., president, 1973–1984, who "was very encouraging to me, and I never forgot that."

John M. Ferretti, DO/MS '73, FACOI
*President and Chief Executive Officer,
Lake Erie College of Osteopathic Medicine*

Dr. Ferretti, a native of Erie, Pennsylvania, was recruited by his hometown's Millcreek Community Hospital "as a young internal medicine specialist to develop graduate education," he recalls. He was president of the hospital in 1988 when the board formed a committee to explore the establishment of a school of osteopathic medicine.

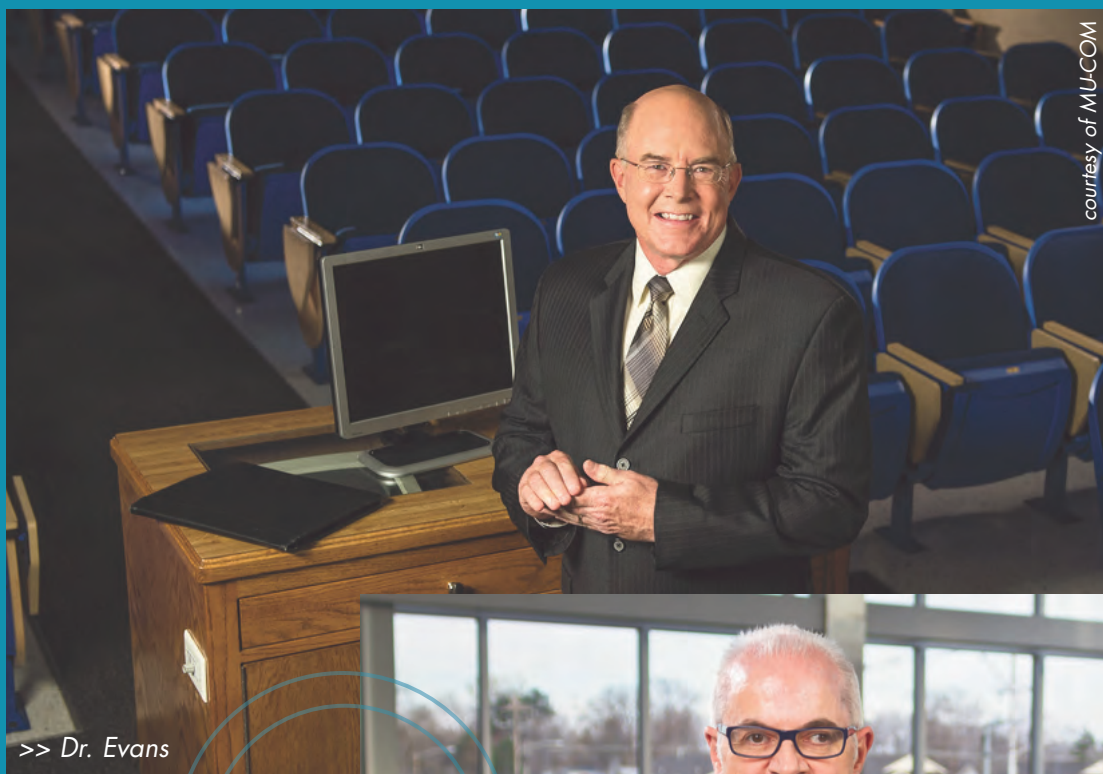
Most observers anticipated a glut of physicians by the year 2000. "The last thing they thought about was developing a new school," says Dr. Ferretti. "But we wanted to see the osteopathic philosophy survive. The hospital was having trouble recruiting; we wanted to take the next step, and the governor agreed."

By 1992, with a charter from Pennsylvania Governor Bob Casey in hand, Lake Erie College of Osteopathic Medicine (LECOM) became what was then the 16th school of osteopathic medicine in the United States. It has since become the nation's largest medical college, with additional campuses in Greensburg, Pennsylvania, and Bradenton, Florida. Dr. Ferretti was named LECOM's second president and its CEO in 1993.

LECOM established a School of Pharmacy in 2002 (subsequently expanded to the Bradenton campus). The college also offers two master of science degrees. Most recently, a School of Dental Medicine opened in Bradenton in fall 2012. Each initiative, says Dr. Ferretti, was a response to community needs. Now under construction is a 140-bed extended care facility connected to Millcreek Community Hospital, training geriatric fellows and residents, to be completed in 2014.

As LECOM continues to expand its range and scope of educational offerings, Dr. Ferretti's own education continues on two fronts. First, as a voting member of the American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA), Dr. Ferretti "learns all the time, and that makes you a better institution when you have to go through the same processes that you sit in judgment on." Second, he continues to teach and to practice. He is a clinical professor in the Department of Internal Medicine at LECOM and teaches in the Internal Medicine residency program at Millcreek Community Hospital. Dr. Ferretti also has an active internal medicine practice.

Osteopathic physicians are, in Dr. Ferretti's view, "exactly the right doctors for the country's current healthcare system; this is our time." He muses, "If [former PCOM President] Tom Rowland and [former PCOM Dean] Robert England could look down on us now, they'd see how well osteopathic medicine is doing. They devoted their lives to ensuring that osteopathic medicine would develop, survive and thrive."



“Medical education is changing globally, and we need to respond. Our goal is to define what's going to happen in the future, not just now. How will medicine be practiced in 2025?” – Dr. Evans



>> Dr. Ferretti

Silvia M. Ferretti, DO '77

Provost, Senior Vice President and Dean of Academic Affairs, Lake Erie College of Osteopathic Medicine

When Dr. Ferretti was a PCOM student, she recalls, her class included approximately ten women. She states, “You are always grateful to the school that gave you the opportunity to fulfill your goal to become a physician, recognized your ability and provided an invaluable educational experience.”

In 1992, when Dr. Ferretti became dean of LECOM, she was the first female dean of a school of osteopathic medi-

cine. Two decades later, when almost half of all osteopathic medical school graduates are women, eight of her 36 peers (deans or acting deans) are women. Reflecting on A. T. Still’s promotion of equal rights for women as students and instructors, she remarks, “It’s very rewarding to be part of a transition that has welcomed women to leadership roles.”

Dr. Ferretti’s work as a physical medicine and rehabilitation physician (she is a former chair of PCOM’s Department of Physical Medicine) attuned her to “differences in how young people learn—there’s less acceptance of ‘talking heads.’” She drew on these insights in developing LECOM’s multiple curricular “pathways,” which recognize three different learning styles: traditional lecture-discussion; small-group, problem-based learning; and self-directed learning (independent study). Small-group learning, the pathway most frequently selected by LECOM students, resembles “case-based medicine,” Dr. Ferretti explains. Students are evaluated by course facilitators and their classmates, in addition to their performance on tests. “With only eight students in a small group,” she states, “everyone has to participate, and be thoroughly immersed in a desire to enhance their scientific and medical knowledge.”

Regardless of what mode students select, Dr. Ferretti has found that when students get to choose their pathway, they embrace it. Outcomes show that regardless of their choice, they are all highly successful in taking their boards.

Next on the horizon in the educational process, according to Dr. Ferretti, is student-centered learning in preparation for team-based medicine, with pharmacists, physicians and dentists working as a team. Here, too, Dr. Ferretti draws on her own clinical experience. “I worked in rehab with multiple



>> Dr. Goldberg

“We welcome differences, we embrace cultures and we don’t marginalize. Students recognize quality and dedication, and they appreciate the cultural diversity that we try to achieve.” – Dr. Goldberg

therapies where everyone came together around the patient. We all gave up our individual autonomy and worked at what was best for the patient. That format is key to providing the best care in America, regardless of the specialty.”

Robert Goldberg, DO '77
*Dean and Chief Academic Officer,
Touro College of Osteopathic Medicine*

When the Touro College of Osteopathic Medicine (TouroCOM) in New York City opened its doors in 2007, it had no shortage of medical education neighbors: Albert Einstein Medical College, Weill Cornell Medical College, New York University Medical Center, Mount Sinai, Columbia College of Physicians and Surgeons. Dr. Goldberg, TouroCOM’s dean and chief academic officer, “wanted to look at my neighbors’ strengths as powerful research and teaching hospitals and centers of excellence for translational research, and see what we need to do better—that is, teach medical students. As a new school, we were unbounded in the design of our systems and processes. We created a remarkable curriculum, and we recruit and cultivate faculty who are superb teachers who can present the material through platforms that are cutting edge.”

TouroCOM aims to address head-on the disproportionately low numbers of minorities in medicine. “We welcome differences, we embrace cultures and we don’t marginalize,” says Dr. Goldberg. “Students recognize quality and dedication, and they appreciate the cultural diversity that we try to achieve.”

How is TouroCOM doing?

- For the 2013 admissions cycle, TouroCOM received more applications in the first week than it received in its first year.
- Many students in the school’s first graduating class in 2011 were offered residencies at leading medical and surgical programs, including the Mayo Clinic, the Cleveland Clinic, Case Western University Hospital, Walter Reed Army Medical Center and Eisenhower Army Medical Center, as well as several of the school’s New York “neighbors.”
- “We evaluate students constantly,” says Dr. Goldberg, “measuring against those who have passed all their classes and passed their boards on the first take. And we raise our standards each year so we can drive ourselves toward more confident and better trained physicians.”

Dr. Goldberg finds his position “incredibly challenging, beyond the walls of the medical school. One needs to look at each situation and issue with a lens of seven years. In order to secure a future, you have to weigh requests, and be ready to be hit by the unexpected.” A very recent example is Hurricane Sandy, which shut down service in several New York hospitals (and closed TouroCOM for a week),

bearing out Dr. Goldberg’s maxim that “good intentions—in this case, the advent of electronic health records as promulgated by the federal government—do not always equate to the best ideas.”

One of Dr. Goldberg’s role models is framed on his desk: his father, Harold S. Goldberg, DO ’44. “When I was in high school, I read my father’s medical journals and *Medical Economics* to follow trends. He took me to national osteopathic meetings when I was in college, to see that as a physician you must address all needs.”

Dr. Goldberg chaired the Department of Rehabilitation Medicine at the Hospital of PCOM from 1981 to 1984. Two other “phenomenal mentors and role models” when he was a student were also PCOM department chairs: William H. Dickerson, DO, internal medicine, and George H. Guest, DO ’36, psychiatry and neurology. “They were two very different men, with different communication skills and senses of humor,” says Dr. Goldberg, “but they were committed to medical education like no other.”

John M. Kauffman, Jr., DO '86
*Founding Dean and Chief Academic Officer,
Campbell University School of Osteopathic
Medicine*

Campbell University, in Buies Creek, North Carolina, is a nonsectarian institution committed “to helping students develop an integrated Christian personality characterized by a wholeness of body, mind and spirit.” The mirroring of osteopathic medicine’s “mind–body–spirit” motto is unsurprising, observes Dr. Kauffman, founding dean and chief academic officer of Campbell University School of Osteopathic Medicine (CUSOM), whose first class arrives in August

2013: A. T. Still, the founder of osteopathic medicine, was the son of a minister as well as a physician.

Dr. Kauffman says that CUSOM is “truly blessed to be part of a university that’s 125





courtesy of ACOM

>> Dr. Lenz

“Education is best served by a buffet. You need lectures for volume and essential mundane facts, and active learning for discrimination and understanding.”

– Dr. Silvagni



courtesy of NSU-COM

>> Dr. Silvagni

years old. Our current president [only the fourth in Campbell's history] is a man of tremendous vision, and so the medical school is the ninth multimillion-dollar project completed in the past 10 years—with the same architect and construction firm. We are ahead of schedule and the building is up and has a roof; the brickwork is just about complete; windows are being installed. We'll move in on May 1." Campbell's financial stability has also "opened my eyes to the strength of being part of a larger university," Dr. Kauffman says. "It's allowed me to focus on building the curriculum and hiring the best faculty."

As of November, CUSOM was sorting through more than 2,200 completed applications, with "very high quality applicants," says Dr. Kauffman. "We're very fortunate to be in this situation. And we currently have written commitments for 442 students for every 4-week student rotation block, so we have excess capacity."

CUSOM's mission is to educate and prepare community-based osteopathic physicians in a Christian environment to care for the rural and underserved populations in North Carolina, the Southeastern United States and the nation. "North Carolina ranks 30 out of the 50 states in active physicians per capita, and 34th for primary care physicians; 20 counties lack a single surgeon," says Dr. Kauffman.

As a fourth-year medical student at PCOM, Dr. Kauffman was supported by Dean Robert England, DO '56—also a pastor—in his desire to work in Liberia, work that "instilled a passion in me for mission medicine," Dr. Kauffman recalls. He has since participated in multiple missions to Mexico, El Salvador and Honduras. CUSOM will have a strong international focus, training students to serve, "whether on missions, with NGOs, or in other capacities, in the developing world," says Dr. Kauffman. "We are already working with a hospital and children's home in Tanzania, which has only 450 doctors in the entire country."

Craig J. Lenz, DO '78, FAODME *Founding Dean and Senior Vice President, Alabama College of Osteopathic Medicine*

Dr. Lenz has been a medical educator for almost as long as he's been a physician.

Before deciding to attend medical school, Dr. Lenz had attended a master's degree counseling psychology program at the University of Pennsylvania, with a minor in curriculum development. Soon after he joined the staff at Maine's Waterville Osteopathic Hospital, Dr. Lenz was tapped to become the hospital's director of medical education. His career path "moved more and more into medical education," he says, while noting that "I never stopped clinical practice. And when we open I'll do primary care a few days a month."

"We" is the Alabama College of Osteopathic Medicine (ACOM) in Dothan, Alabama, and the opening date is August 2013, when the new school's first class of students arrives. Dr. Lenz became ACOM's founding dean and senior vice president in 2010.

ACOM is the first osteopathic college in the nation to share a campus with a regional medical center: the 420-bed not-for-profit Southeast Alabama Medical Center. SAMC serves approximately 600,000 people in a 75-mile radius throughout Southeast Alabama, Southwest Georgia and the Florida Panhandle.

Dr. Lenz reports that he has "achieved 100 percent of my goal for academic leadership hires. And we're ahead of schedule to hire faculty." The school will be ready for occupancy in mid-April 2013, so "we'll have 3 months to move in and greet our first class." Dr. Lenz expects those students to appreciate, as he does, the area's beautiful weather—"no snow or ice," he points out, "and a short time to beautiful beaches."

Construction is ahead of schedule on ACOM's 110,000-square-foot building; Dr. Lenz is especially proud of the comfortable study spaces, two separate simulation labs within a clinical competency center, and the osteopathic teaching and gross anatomy labs. Of the last, Dr. Lenz says, "I think students still need to be in an anatomy lab to be prepared to become osteopathic physicians."

ACOM's "Living Curriculum" will include a focus on nutrition and healthy habits (the campus will be tobacco-free). An innovative integration of a hospice curriculum will qualify graduates to be volunteer hospice workers—something that "could ultimately have an enormous impact on doctors regardless of their specialty," says Dr. Lenz.

Dr. Lenz came to Alabama from a previous "startup" position as senior associate academic dean/associate dean for clinical sciences at Lincoln Memorial University DeBusk College of Osteopathic Medicine, in Harrogate, Tennessee, which graduated its first class in 2011.

Anthony J. Silvagni, DO '82, PharmD, MSc, FACOFP dist, FAFPE *Dean, Nova Southeastern University College of Osteopathic Medicine*

Why did Dr. Silvagni become an osteopathic physician? The short answer: He slid off a mountain and broke his neck ending up with chronic pain syndrome and muscular atrophy of the left arm.

Then a clinical pharmacist, Dr. Silvagni had witnessed a DO internist performing OMT on patients and underwent OMT himself. In two months, his four years of chronic pain were gone; in four months, nerve conduction studies were normal. "I was 37 years old," he says, "and I wanted to become one of them. The approach to the patient and the added modality of OMT was so exciting to me."

At PCOM, some of Dr. Silvagni's past students were now teachers. "I had taught at four medical schools and four pharmacy schools, and had multiple degrees. [Former PCOM President] Tom Rowland and I had a very high comfort level. Dr. Nicholas [Nicholas S. Nicholas, DO, chair of OMT] was in South Philly, like me; we used to go off to Italian restaurants together."



>> Dr. Craver

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After an internship in Tucson and a five-year rural medicine practice in South Dakota, the self-described “adrenaline junkie” began a career in academic medicine. For six and a half years, he was dean of the University of Health Sciences College of Osteopathic Medicine in Kansas City. Since 1998, he has been dean at Nova Southeastern University College of Osteopathic Medicine (NSU-COM) in Fort Lauderdale. Dr. Silvagni has helped grow the school from 200 resident slots to over 950, with over 90 residency programs; from 35 faculty to 180; and from 700 adjuncts to 1,200.

NSU-COM is a leader in distance learning, provided at all of the off-campus clinical training sites. Online offerings have begun for residents as well. For example, Dr. Silvagni says, “In the next-to-last year of residency we do contractual law—how to hire or work with a lawyer in contract negotiation, how to manage your money, business models for running a practice, and malpractice insurance.” Even while on international rotations—which the school has offered in 14 countries—students access online courses.

Dr. Silvagni is also excited about interprofessional ventures, such as an Art Observation course (also offered online) that uses principles of art to better prepare medical students to visually evaluate patients and diagnose them. Only 21 other medical schools offer such a course—NSU-COM’s “most popular elective,” says Dr. Silvagni. A 2008 Harvard Medical School study shows that art observation course students have increased their diagnostic observation skills by 38 percent.

“Education is best served by a buffet,” Dr. Silvagni maintains. “You need lectures for volume and essential mundane facts, and active learning for discrimination and understanding. MDs and DOs both need hospitals for complex medicine and procedures—new schools don’t have hospitals, and old ones are shedding them. So the trend is toward commu-



>> Dr. Veit

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nity-based education in the third and fourth years. How do you reach the students? The use of electronic books and tools coupled with distance learning will maintain the education process in distant community teaching hospitals.

“My education at PCOM prepared me extremely well for my career both as a practicing clinician and as an academic osteopathic physician.”

H. William Craver III, DO '87, FACOS *Dean and Chief Academic Officer, Georgia Campus – Philadelphia College of Osteopathic Medicine*

As Georgia Campus – Philadelphia School of Osteopathic Medicine anticipates the graduation of its fifth class of DOs in June, the school’s mission “isn’t bricks and mortar as much now,” says Dr. Craver, dean and chief academic officer. “While the physical plant continues to grow, my main concern is public growth, recognition.” It’s the school’s time to “move forward and be at the table.”

The graduates make that happen, Dr. Craver stresses, and “our students have done very well, getting residencies all throughout the South and the rest of the country. And 50–60 percent of graduating classes have entered primary care residencies. From the first class, we’ve got some chief

“I’ve been fortunate to play many different roles at one institution. And it happens to be my alumni institution, which is even nicer for me.” – Dr. Veit

residents now.” “They’re new in Georgia,” Dr. Craver hears of his fledgling graduates, “but they look great.”

About half of GA-PCOM graduates are residents in the region, and “50 percent of doctors historically will locate near their area of residency,” Dr. Craver notes. The remarkable growth of osteopathic medical schools in the area—besides Georgia, there are schools in Florida, Alabama, Mississippi, Tennessee, and North and South Carolina—“has really changed the presence of osteopathic medicine in this region. In a decade, the change will be phenomenal.”

Dr. Craver came to GA-PCOM in January 2006 as chair of undergraduate clinical education, later becoming associate dean. When then-Dean Paul Evans left to join Marian University (see accompanying story), it was “quite an honor” to be offered the positions of interim and then permanent dean.

Dr. Craver had been at the Philadelphia PCOM campus in a variety of capacities from his student days until 1999. “I’ve grown up through the system,” he says. “I’m a team player and very proud of my alma mater.” And he appreciates the mentoring network that the PCOM “team” provides. “Dr. Veit [Kenneth J. Veit, DO ’76, MBA; see accompanying story] was one of my teachers, and remains a mentor now. Arthur Sesso [DO ’81, Galen S. Young, Sr., DO ’35, Chair in Surgery; professor, department of surgery; and program director, general surgery residency] was one of my residency trainers, and then I was his partner in practice. And I often call Dr. Rick Kriebel [chair and professor, neuroscience, physiology and pharmacology, and associate dean of curriculum and research] and ask him, ‘How would you approach this?’”

During a hiatus from the educational world, Dr. Craver practiced community medicine in rural Georgia and Kentucky, and he found that work “extremely rewarding. But education lights my fire. Whether I’m in class or in this chair, it’s knowing I made a difference for people going forward—and that speaks tremendously for PCOM.” He tells students, “Medicine is about how your community needs you to help them, but it’s also about your serving the community.”

Kenneth J. Veit, DO ’76, MBA
Provost, Senior Vice President for Academic Affairs and Dean, Philadelphia College of Osteopathic Medicine

“When I graduated from PCOM,” says Dr. Veit, “I might have been ‘least likely to be a dean.’ As a student, I never played a big role in student government or in school activities. I studied hard and tried to be best doctor I could

be.” The dean of osteopathic school deans—he has held the title at PCOM since 1992—adds, with some understatement, “I’ve been fortunate to play many different roles at one institution. And it happens to be my alumni institution, which is even nicer for me.”

Having served so long at PCOM and in so many capacities, Dr. Veit has “an appreciation for its evolution. When I started, PCOM owned hospitals, and most of our effort went into making those hospitals survive. When the hospitals had to be sold, it changed our dynamics and let us refocus and prioritize on medical education.”

The resulting path hasn’t always been easy. “Ensuring clerkships without a hospital has been a challenge in the past 15–20 years,” Dr. Veit acknowledges. “But many institutions are now eager to recruit our graduates into their residency programs. We’ve grown our OPTI [Osteopathic Postdoctoral Training Institution] network into 30-plus participants. In many cases, our graduates are teaching our students, which is great for continuity.” He adds, “Osteopathic professional growth has outstripped our capacity to train our own. When I graduated, most students went to an osteopathic hospital for a rotating internship. As we’ve grown and hospitals have merged, we’ve had to depend more and more on ACGME [Accreditation Council for Graduate Medical Education] program integration.”

Taking the long view of PCOM’s development, Dr. Veit says that the school’s “position in the Commonwealth and the nation has been maintained, but we’re a different PCOM than we were 20 years ago—more professionally diverse and very well positioned for healthcare changes coming down the pike. We innovate around a history and legacy of tradition. We value what we’ve been doing for 113 years, but are constantly making changes around the margin to create a better outcome.”

While there’s a natural buzz around new buildings, Dr. Veit maintains that PCOM is “a gem on City Avenue. All the facilities are state of the art and updated; they continue to be top notch and impressive to both students and faculty alike.”

Over his tenure, Dr. Veit “has been able to see many of our graduates mature into leadership roles, and that’s been very rewarding. The PCOM degree is one we value, and the esteem in which it is held is demonstrated by the very success of our graduates.”



Pharmacists' Changing Role: From Behind the Counter to Direct Patient Care

PCOM School of Pharmacy Is Preparing Students to Practice as Part of the Healthcare Team

by Kathleen Loudon

“The times they are a-changin’” in pharmacy. As the profession broadens its scope of practice, future pharmacists must be prepared to do more than dispense medications, experts say. Today’s pharmacy students are learning to not only manage their patients’ medication needs but also prevent and control chronic diseases. In short, pharmacists are now full-fledged members of the healthcare team.

“Most people think of the pharmacist as the person behind the counter, but the pharmacist has also taken on a different role,” says Julie Wickman Bierster, PharmD, director of experiential education for PCOM School of Pharmacy, Georgia Campus, which opened in 2010. “We’ll never lose our role of dispensing medications, but now we look at the patient’s overall health.”

The pharmacist as pill counter is long gone, thanks to automation. Instead, pharmacists spend their time counseling patients about proper use of their medications, contacting insurance companies about prescription coverage and even performing preventive care and disease management, such as vaccinations and health screenings.

The future of pharmacy

Increasingly, pharmacists are also active in medication therapy management, to help patients safely get the most benefit from their medications. As the medication experts on the healthcare team, pharmacists work to prevent, find and resolve medication-related errors, such as duplicate medications or drug interactions. They may receive payment from insurance companies for these services, which can include suggesting a therapeutically equivalent but less expensive drug, Dr. Bierster says.

Helping drive the trend toward pharmacists performing disease and medication management is the need to find more revenue-producing services as prescription drug reimbursements decrease, experts say. Additionally, research shows that when pharmacists manage patients’ diabetes and heart disease, outcomes improve and healthcare costs decrease, according to the Centers for Disease Control and Prevention.

Healthcare reform may further expand the opportunities for pharmacists to provide disease management services, Dr. Bierster predicts. “If everyone has to have health insurance

[under the Patient Protection and Affordable Care Act], more people will see physicians and pharmacists,” she says.

She also expects more pharmacists to form a collaborative practice agreement with physician prescribers, as is allowed in Georgia and most other states. Also called collaborative drug therapy management, such protocols vary by state in terms of pharmacists’ authorized abilities but may include patient assessment; ordering pharmacotherapy-related laboratory tests; or starting, monitoring and altering drug treatments. Currently, this approach is uncommon but needed in rural, medically underserved areas, she says.

Training students to “think outside the pillbox”

Aware of the changes in health care, PCOM School of Pharmacy is preparing its students for proactive, patient-centered care. In labs during their first three years, students learn how to give flu shots and other vaccinations (becoming certified immunizers), measure blood pressure, do finger-sticks, interpret a blood cholesterol reading and perform other patient care services.

Students start clinical rotations in their first year, receiving 300 hours of Introductory Pharmacy Practice Experiences over the three years before their final year of advanced practice rotations. The rotations give students hands-on experience in a wide variety of pharmacy settings, from community pharmacies, ambulatory care clinics and hospital pharmacies to a host of elective rotations, including pharmaceutical companies, managed care companies, compounding pharmacies and more.

Most preceptors are pharmacists, but interprofessional collaboration is important at GA-PCOM, which Dr. Bierster says houses “the only pharmacy school in Georgia with an osteopathic medical school down the hall.” Faculty from both schools meet to decide how their students will work together, which will include participating in community health fairs and joint case studies beginning in spring semester 2013. “We’re preparing our students to have a good relationship with physicians,” she comments.

Larry Anderson, DO, a family medicine physician in Dawsonville, Georgia, was a preceptor for a PCOM pharmacy student who updated patients’ medication lists and observed Dr. Anderson discussing his patients’ medications with them. He says, “The point of having the students work with physicians is to help students feel part of the patient-centered medical home. This team approach lets the student understand physician prescribing and how patients actually use medications.”

In another rotation, M. Katie Bozman, a second-year pharmacy student from Suwanee, Georgia, worked with a nurse practitioner at the Norcross, Georgia, Walgreens Take Care Clinic. At this walk-in clinic, she helped take medical histories, answer patients’ questions about drugs and counsel patients receiving vaccinations. She says the experience taught her the “huge responsibility” of counseling that pharmacists have as “the final line before patients are on their own with a medication.

“Pharmacists are in a unique position to have a positive impact on patients’ health,” Ms. Bozman says, noting their easy accessibility. “All patients have to do is pop in, and we’re there to help.”

Medication compliance is a major problem in which pharmacists can make a difference, Dr. Bierster notes. In one project last year, pharmacy students called patients, with their permission, several days after they received an antibiotic, to reiterate how important it was for patients to finish their course of therapy. Students made another phone follow-up to ensure that that had happened.

One of those who participated in the project, Jason Bonner, now a third-year PharmD student, says, “The patients seemed to enjoy that the pharmacist was involved and concerned about their outcomes.”

Mr. Bonner found that patients also seemed receptive to pharmacy students counseling them on improving chronic health conditions such as high blood pressure, which he did during the same rotation at a Walmart pharmacy in Oakwood, Georgia. “Afterward, some patients seemed willing to take a more proactive role in their health,” he says.

With a similar view, Ms. Bozman says that “People are starting to realize pharmacists are an underutilized resource.”

Leaders in training

The pharmacy school also is preparing students to be leaders, both as pharmacy managers and as advocates for the pharmacy profession at the state and national levels. Because most graduating students will manage pharmacy technicians, every student must complete a management course, Dr. Bierster states.

For advocacy experience, GA-PCOM pharmacy students go to the Georgia state capitol in Atlanta on Georgia Pharmacy Association Day in February, to meet with legislators and discuss issues facing the pharmacy community. Ms. Bozman made the trip last year and says, “If we want to further expand pharmacists’ scope of practice, we are going to need to work together with legislators to make it happen.”

The impact of Georgia’s new pharmacy school will be felt statewide as many of its first graduates remain in the Peach State. Dr. Bierster says the faculty is encouraging students to practice in medically underserved areas in Georgia and the Southeast, where pharmacist opportunities are most abundant.

Mr. Bonner plans after graduation in 2014 to practice pharmacy in his small town of Hiawasse, Georgia, which he notes has many people without health insurance. “I hope to serve my community by doing health screenings and helping residents be more proactive in making the right healthcare decisions,” he says.

Ms. Bozman, who also plans to seek work in Georgia after completing her training, states that she is confident about her career thanks to the excellent education she has received. “Our teachers at PCOM,” she says, “are going above and beyond their regular duties, to make sure we succeed.”

CLASS OF 1961

Andrew A. Pecora, DO, Egg Harbor Township, NJ, had his murder mystery *The Sounds of Death* published by Trafford Publishers (available for view at www.aapeco-ra.com or for purchase through amazon.com).

CLASS OF 1962

Burton Blender, DO, Philadelphia, PA, retired in November after practicing family medicine for 50 years in Philadelphia's Feltonville neighborhood.

CLASS OF 1970

John W. Becher, DO, Newtown Square, PA, was re-elected to serve on the board of trustees of the American Osteopathic Association.

CLASS OF 1971

Robert J. Terranova, DO, Manahawkin, NJ, opened a new medical practice, SOMC Medical Group, Division of Neurology, P.C.

CLASS OF 1972

Mark E. Adlen, DO, Bristol, PA, was certified in addiction medicine by the American Board of Addiction Medicine.

Francis E. Meyers, DO, Latrobe, PA, and **James W. Sillaman, III, DO**, Derry, PA, have retired from Chestnut Ridge Primary Care after 37 years in practice in Derry Township.

CLASS OF 1973

John S. Stevens, Jr., DO, Allentown, PA, was re-elected to serve on the American Osteopathic Board of Obstetrics and Gynecology.

CLASS OF 1976

David V. Condoluci, DO, Moorestown, NJ, has been named senior vice president and chief medical officer for the Kennedy Health System.

Edward C. Weber, DO, Fort Wayne, IN, is lead author of a new textbook, *Practical Radiology: A Symptom-Based Approach* (F.A. Davis Company, December 2012). Dr. Weber's first book, *Netter's Concise Radiologic Anatomy*, was published by Elsevier and is now available in seven languages.



JOHN S. RANIOLO, DO '77

Helping pilots take flight and get back to work

by Colleen Pelc

For the past 23 years, Dr. Raniolo has been a private pilot, and for even longer than that he has had a love of aviation. It's that love for flight, coupled with his osteopathic background, that led him to the career he has proudly practiced for more than a decade.

In 2002, Dr. Raniolo was designated by the Western Pacific Regional Flight Surgeon as a junior aviation medical examiner, charged with helping private pilots acquire the medical certification needed to fly a plane. Four years ago, with added training, Dr. Raniolo earned senior aviation medical examiner status, allowing him to provide licensure for all classifications of pilots.

"In 2009, I was appointed by Washington to serve on the Federal Air Surgeon's Cardiology Consultants [FASCC] panel. There are approximately 24 members in the country who serve on this committee," Dr. Raniolo says.

Dr. Raniolo explains that if a pilot suffers a disqualifying medical condition that presents a risk for sudden incapacitation or public safety, then the pilot's medical certificate becomes void. Depending upon the pilot's medical condition and following his or her recovery, he or she must go through a series of required tests.

"All of the information gets sent to Oklahoma City, where the FASCC panel meets every two months to review all of the pilot's tests to make a determination as to whether he or she should be grounded or granted a 'special issuance,' which in conjunction with a medical certificate will allow him or her to return to flying," he says.

Because of his vast knowledge of what a pilot requires for recertification, Dr. Raniolo formed Aerospace Cardiology, LLC, located in the Phoenix area, to assist his fellow pilots.

"At Aerospace Cardiology I have been able to assess pilots, test them, help them gather the information they need and submit their materials to the Federal Aviation Administration on their behalf. I can help fellow airmen because I know what it takes a pilot to get back to work," Dr. Raniolo says.

Dr. Raniolo credits his time at PCOM for his willingness to educate and help others in any way that he can. "The day I was accepted into medical school was the finest day of my life. My education taught me how to interact with patients on a personal level, and that was something I kept with me all of these years," he says.

"I also keep the advice that I was given by a urologist during one of my clinical rotations. He told me to 'do what you love to do, do it well and you will be successful.'"

CLASS OF 1977

Silvia M. Ferretti, DO, Erie, PA (see feature article for full profile), was honored in October by Pennsylvania Governor Tom Corbett and First Lady Susan Corbett as one of this year's Distinguished Daughters of Pennsylvania. Dr. Ferretti was recognized as "a driving force behind the growth of osteopathic medical education."

Norman E. Vinn, DO, San Clemente, CA, was selected by the House of Delegates as president-elect of the American Osteopathic Association.

CLASS OF 1978

Ernest R. Gelb, DO, Wyoming, PA, was re-elected to serve as second vice president of the American Osteopathic Association.

Richard B. Russell, Jr., DO, Pine Grove, PA, was honored with the 2012 Distinguished Alumni Award by the Pine Grove Area High School Alumni Association.

CLASS OF 1979

Thomas A. Tylman, DO, Williamsburg, VA, was honored as one of the founders of Old Towne Medical Center during a gala celebrating the Old Towne's 20th year of operation as a public-private community health center serving the underserved.

CLASS OF 1980

Bernyce Peplowski, DO, Calabasas, CA, was appointed vice president of the U.S. Health Works Medical Group in California and chief medical officer of California-based clinical operations.

CLASS OF 1982

Robert A. Koenigsberg, DO, Broomall, PA, an interventional neuroradiologist at Hahnemann University Hospital and St. Christopher's Hospital for Children, received the 2012 Tenet Heroes Hall of Fame Award. Dr. Koenigsberg was recognized for his "dedication, courage and extraordinary skills."

CLASS OF 1983

Gordon B. Miller, Jr., DO, Carlisle, PA, joined the medical staff at Holy Spirit Health System's Carlisle Family Health Center.

CLASS OF 1984

Richard D. Kimmel, DO, Boca Raton, FL, was elected president-elect by the Board of Governors of the American College of Osteopathic Surgeons.

Certificates of Merit

Jennifer R. Axelband, DO '01, Bethlehem, PA, was inducted as a Fellow of the American College of Osteopathic Emergency Physicians.

John F. Conlon, DO '89, Wilmington, DE, was inducted as a Fellow of the American College of Osteopathic Emergency Physicians.

Amy L. Davis, DO '01, Bryn Mawr, PA, was designated as a Fellow of the American Academy of Hospice and Palliative Medicine.

Vincent M. DiGiovanni, DO '00, Philadelphia, PA, was designated as a Fellow of the American College of Osteopathic Surgeons.

Gregory S. Gaborek, DO '06, Washington, MI, was designated as a Fellow of the American College of Osteopathic Surgeons.

Clara M. Higgins, DO '93, Lewes, DE, was designated as a Fellow of the American College of Osteopathic Surgeons.

Marcin A. Jankowski, Jr., DO '05, Cherry Hill, NJ, was designated as a Fellow of the American College of Osteopathic Surgeons.

Alan J. Kanouff, DO '03, Hollidaysburg, PA, was inducted as a Fellow of the American College of Chest Physicians.

Gustavo A. Lopes, DO '04, Destin, FL, was designated as a Fellow of the American College of Osteopathic Surgeons.

Richard M. Oley, DO '95, Dallas, PA, was inducted as a Fellow of the American Academy of Family Physicians.

Robert J. Skalicky, DO '86, Newtown, PA, was designated as a Fellow of the American College of Osteopathic Surgeons.

Dominic Louis Paul Storto, DO '98, Fayetteville, NC, was designated as a Fellow of the American College of Osteopathic Surgeons.

John V. Tedesco, DO '04, Muskogee, OK, was designated as a Fellow of the American College of Osteopathic Surgeons.

CLASS OF 1985

Steven W. Geise, DO, Lock Haven, PA, joined the medical staff at Lock Haven Hospital and Lock Haven Family Practice.

Thomas Showers, DO, Huntingdon, PA, joined the medical staff at J.C. Blair Memorial Hospital as a hospitalist.

CLASS OF 1986

James M. Bonner, DO, Mullica Hill, NJ, was a recipient of the 2012 Boy Scouts of America Southern New Jersey Council's Distinguished Citizen Award. Dr. Bonner is the medical director of the department of emergency medicine at Woodbury's Underwood Memorial Hospital.

John J. Kalata, DO, Erie, PA, was appointed director of medical education at Millcreek Community Hospital. Dr. Kalata also serves as chief of staff.

CLASS OF 1987

Thomas P. Brown, DO, Gulf Breeze, FL, had his novel *Thou Shalt Kill* published by Independent Publishing Platform. The book is available for purchase through amazon.com.

D. Todd Detar, DO, Rensselaer, IN, joined the medical staff at the Clinic of Family Medicine, a Unity Healthcare Partner.

CLASS OF 1988

Stephen J. Kushner, DO, Hockessin, DE, was elected 2012–2013 president of the Medical Society of Delaware. Dr. Kushner is a family medicine physician practicing at Christiana Care Family Medicine. He is also a clinical instructor in family medicine at Jefferson Medical College and a clinical assistant professor at PCOM.

CLASS OF 1989

Thomas A. Brabson, DO, Media, PA, was the recipient of the Robert D. Aranosian, DO, FACOEP, Excellence in Emergency Medical Services Award for 2012. This award is for his work in Philadelphia, Pennsylvania, and in Atlantic City, New Jersey.

CLASS OF 1990

Steven F. Gitler, DO, Cherry Hill, NJ, was elected president of Adath Emanu-El, a 500-family congregation in Mount Laurel. Dr. Gitler practices at Fairview Village Family Practice in Camden.

Deborah R. Longo-Malloy, DO, Springfield, PA, was named director of the Crozer-Chester Medical Center Traditional Rotating Internship.

CLASS OF 1992

Mary Jo Laniewski, DO, Lovell, ME, joined the emergency department at Stephens Memorial Hospital.

CLASS OF 1993

Amy J. Aronsky, DO, Trenton, NJ, joined the medical staff at Capital Health Center for Sleep Medicine.

CLASS OF 1994

RonnAnn Naedele-Risha, DO, Swedesboro, NJ, celebrated her first year as a physician advisor working on behalf of hospitals to appeal Medicare denials for inpatient admissions with Executive Health Resources (EHR). In addition to working part-time for EHR, she continues to do independent consulting with pharmaceutical and medical education companies.

CLASS OF 1995

Frances Ann Feudale, DO, Drums, PA, was appointed medical director for the newly formed paramedic program at the McCann School of Business and Technology in Hazleton.

Francis J. Forno, DO, Sandy Hook, CT, has been named medical director of River Glen Health Care Center of Southbury.

E. Eric Horvath, DO, San Antonio, TX, was featured in the article "Compassion, Commitment and Excellence" published in *Inside MD* (March/April 2012).

CLASS OF 1996

Scott T. Miekley, DO, Carlisle, PA, was appointed emergency room director at Carlisle Regional Medical Center.

Glen R. Scott, Jr., DO, Anderson, SC, joined the medical staff at Abbeville Neurology.

CLASS OF 1997

Jeffery T. Lumley, DO, Royersford, PA, was appointed chief of the internal medicine department at Pottstown Hospital.

CLASS OF 1998

Thomas A. Haldis, DO, Fargo, ND, is the director of the cardiac catheterization laboratory at Sanford Health System in Fargo. Dr. Haldis recently performed the first trans-catheter aortic valve implantation in the Dakotas.

Jack E. Kazanjian, DO, Malvern, PA, was highlighted in the article "From Pitcher to Physician—Jack Kazanjian Enjoys Delivering His Best," published in the *County Press* (August 8, 2012).

James V. Lieb, DO, Hollidaysburg, PA, joined the hematology/oncology department at Blair Medical Associates.

Ronald P. Vandegriff, DO, Morgantown, PA, joined the medical staff at Memorial Hospital. Dr. Vandegriff is on the medical staff at Family Health Associates in York.

Kathleen J. Vedock, DO, Hereford, AZ, joined the medical staff at Palominas – Hereford Rural Health Clinic.

CLASS OF 2000

Vincent M. DiGiovanni, DO, Philadelphia, PA, joined the medical staff at Main Line HealthCare's Vascular Specialists.

CLASS OF 2001

Georges I. Chamoun, DO, Wilkes-Barre, PA, joined the medical staff at Physician Health Alliance in Plains and Scranton.

Brian A. DelVecchio, DO, Bloomsburg, PA, joined the rheumatology department at Geisinger Wyoming Valley Medical Center.

CLASS OF 2002

Brandon S. Poterjoy, DO, Hatboro, PA, joined Albert Einstein Medical Center in the pediatrics section, division of neonatology. Dr. Poterjoy is an attending neonatologist at Einstein Medical Center – Montgomery and St. Christopher's Hospital for Children.

CLASS OF 2003

Theresa M. DiSandro, DO, Cherry Hill, NJ, joined the medical staff at Lourdes Gastroenterology Associates.

CLASS OF 2004

Mark D. Horvath, DO, Gainesville, FL, was appointed clinical assistant professor of interventional radiology at the University of Florida College of Medicine.

Kerry A. Whitelock, DO, Port Matilda, PA, co-authored *Code Calm on the Streets: Mental Toughness Skills for Pre-Hospital Emergency Personnel* (Sunbury Press, 2012). This book provides the concepts and psychological skills for performance enhancement in medical emergencies for pre-hospital emergency personnel.

Eileen S. Wiesenberger, DO, Glenelg, MD, joined **Randi Kramer Braman, DO '91**, and **Betty Wang, DO '03**, at BW Primary Care in Eldersburg.

CLASS OF 2005

Griffin K. Bicking, DO, Paducah, KY, joined the department of vascular surgery at Western Baptist Hospital.

Christopher P. Farrell, DO, Havertown, PA, joined the medical staff at Lancaster Gastroenterology Inc.

Eric S. Felber, DO, McLean, VA, opened and operates MedOne Urgent Care in Bethesda, Maryland.

Jennifer M. LeComte, DO, Sewell, NJ, is the assistant medical director of the Adult Medicine Office at Wilmington Hospital Health Center – Christiana Care Health System in Wilmington, Delaware.

Joshua L. Rock, DO, Southington, CT, joined the medical staff at Doctors of Central Connecticut.

CLASS OF 2006

Lee A. Farber, DO, Poughkeepsie, NY, joined the medical staff at Health Quest Medical Practice.

Christopher P. Farrell, DO, Havertown, PA, joined the medical staff at Lancaster Gastroenterology Inc.

Jennifer M. LeComte, DO, Sewell, NJ, is the assistant medical director of the Adult Medicine Office at Wilmington Hospital Health Center – Christiana Care Health System in Wilmington, Delaware.

Leslie A. Lyness, DO, Scranton, PA, joined the Geisinger Neurosciences Institute as a neurosurgeon at Geisinger – Community Medical Center.

Noah R. May, DO, Drexel Hill, PA, joined Laurence Belkoff, DO, and **Samuel Manfrey, DO '75**, in practice at Urologic Consultants of Southeastern Pennsylvania.

Melissa G. Morgan, DO, Lancaster, PA, joined the medical staff at Lancaster Gastroenterology Inc.

CLASS OF 2007

Renee A. Caslow, DO, Marietta, OH, joined the department of pediatrics at Marietta Memorial Hospital.

Theresa H. Kovacs, PsyD, Johnstown, PA, joined the medical staff at Conemaugh Memorial Behavioral Health Team.

Jessica L. Masser, DO, Johnstown, PA, has joined the teaching faculty for the family medicine residency program at Conemaugh Memorial Medical Center.

Michaelyn Tinstman Notz, DO, Danville, PA, joined the medical staff at Geisinger Susquehanna University Student Health Center, a service of Geisinger Medical Center.

Shaun M. Sheehan, DO, Duncansville, PA, was appointed director of emergency medical services at Altoona Regional Health System.

Melissa A. Sinkiewicz, DO, Portsmouth, VA, joined the medical staff at Virginia Orthopaedic and Spine Specialists.

Gerald M. Smith, DO, Wilcox, PA, joined the emergency department at DuBois Regional Medical Center.

CLASS OF 2008

Linda Barnhart, DO, Franklin, PA, joined the medical staff at Magee-Womens Specialty Services at UPMC, UPMC Northwest.

Dana S. Mahlab, DO, Philadelphia, PA, joined the medical staff at Cherry Hill OB/GYN.

Nimi P. Patel, DO, Waycross, GA, joined the health team providing neurology services at Mayo Clinic Health System in Waycross.

Scott A. Shainker, DO, Newton, MA, was the recipient of the Chief Resident Research Award presented by Boston Medical Center in June. Dr. Shainker presented "The Effect of Buprenorphine on the Fetal Non-Stress Test" at the New England Perinatal Society in Newport, Rhode Island, in March. He is a laborist and clinical instructor at Beth Israel

KYLE V. MYERS, MS/ODL '12 Organizing business and life, one client at a time

by Alexander Spruck



Mr. Myers, vice president of marketing and business development at Stoneridge Investment Partners, located in suburban Philadelphia, is in the business of managing people. For the past 18 years he has been managing people in the financial services industry, in various roles from administration and strategic planning to marketing and development.

He credits his ability to communicate and manage effectively to his years at PCOM.

"I believe the most important thing I learned from my time at PCOM in the Organizational Development & Leadership [ODL] program was, 'Words creates worlds,'" Mr. Myers says. "Words create the learning environment for change. It is our words that cause intervention or expose our ineffectiveness.

"Daily, we are faced with the challenge of being a bystander or a participator in life. Organizational life is no different. I am faced with the complex task of inspiring and holding accountable our chief executive officer and other members of our firm. It is the careful utilization of words that gives rise to stimulation whereby the people of my organization are challenged and desire to aspire to that next highest level," he says.

Mr. Myers also looks to a "higher power" when seeking guidance in his day-to-day life. His background in Christian stewardship along with his undergraduate degree from the Philadelphia Biblical University provides him with perspective and moral guidelines to better serve his clients, who are from organizations including ING International, JP Morgan Private Bank and Merrill Lynch.

Though his clients may come from well-known companies, Mr. Myers understands that the people he works with are simply individuals in the grand scheme. "It's important to focus on the individual in order to learn and understand how to best work together in order to help all parties achieve their goals," Mr. Myers explains.

To current ODL students, Mr. Myers offers this simple yet thought-provoking message: "I would encourage any student to approach the curriculum, forgetting all of your previous knowledge of how organizations work, and give yourself to the learning. Challenge the learning, but also test the learning."



JOHNATHAN WADE, DO '09 (GA-PCOM), AND RACHEL BURKE, DO '09 (GA-PCOM) Building a patient base and relationship with a new practice

by Alexander Spruck

Being the first at something can be challenging, but also rewarding. Husband and wife physicians Drs. Wade and Burke, members of the first DO class to graduate from Georgia Campus – PCOM, acknowledge that their experience at the new campus played a huge role in their future careers.

“As a class, we had to practice self-reliance. We had to be proactive in our learning and leadership; there were no upper-level students, no precedent,” Dr. Wade explains.

Embracing this learned autonomy, Drs. Wade and Burke opened their own private practice, South Georgia Primary Care (SGPC), in August 2012. The couple relocated to the small town of Alma, Georgia, in the hope of serving the community there by offering compassionate primary health care.

The practice is a culmination for the life and business partners. It is their effort, time and financial investments made tangible. “There was a lot to learn and understand about business administration and all that entails running a practice. For example, the transition of becoming someone’s boss was a challenging aspect,” Dr. Wade says.

At SGPC, Dr. Wade specializes in sports medicine, preventative care, geriatrics and endoscopy. Dr. Burke specializes in pediatrics, breastfeeding education, nutrition and exercise. At home, they both specialize in taking care of their two-year-old daughter, Addie Mae.

“Balancing family with our role as healthcare providers in the community is a struggle. We work hard to maintain a healthy family balance and to take mental breaks when possible: short trips to Savannah, Georgia, and Jacksonville, Florida,” Dr. Wade explains. “At the same time, we continue to strive to be more and more invested in the community. We attend local health fairs, mentor high school students who are interested in the medical field and advocate for patients in various forums.

“We hope to remain a constant in Alma for years to come.”

Deaconess Medical Center and Harvard Medical School.

Graham V. Vigliotta, DO, Norristown, PA, had his article “Find Relief for Fall Allergy Symptoms and Start Enjoying the Cooler Weather” published in *The Mercury* (November 12, 2012).

CLASS OF 2009

Jason L. DelCollo, DO, Lewes, DE, joined the medical staff at Mid-Atlantic Family Practice in Millsboro.

Adam E. Justice, DO (GA-PCOM), Ocean Springs, MS, joined the emergency department at Ocean Springs-Singing River Health System.

Meredith A. Kenney, DO, Sewell, NJ, joined the medical staff at Advocare Grove Family Medical Associates in Haddonfield.

Larissa K. Laskowski, DO, New York, NY, is chief resident of the emergency department at New York University – Langone Medical Center.

Erin A. McCall, DO, Onancock, VA, joined the medical staff at Atlantic Community Health Center.

Jennifer M. Potter, DO, Danville, PA, joined the pediatric staff at Geisinger Specialty Care – Shamokin and Geisinger – Susquehanna University, a service of Geisinger Medical Center, where she will see patients in the Pediatric Urgent Care Center.

Jason C. Saylor, DO, Lakeland, FL, joined the medical staff at the Watson Clinic.

Seena Shekari, DO, Glen Rock, NJ, joined the medical staff at Valley Health Medical Group in Dumont.

Kelly A. Truesdale, DO, Canton, SD, joined the medical staff at Sanford Canton – Inwood Medical Center.

CLASS OF 2010

Patricia L. Rowland, MS/PA-C, Phillipsburg, NJ, joined the medical staff at The Doctor Is In in Phillipsburg and Clinton.

CLASS OF 2011

Sheila M. Bigelow, DO, Cleveland, OH, has begun writing for WebMD’s Medscape website. She writes for their “Ask the Expert” column about various medical education-related topics. Dr. Bigelow is a pediatrics resident physician at UH Rainbow Babies & Children’s Hospital.

On a Personal Note



Baby Chubb

Baby Denzine

Baby Lessig

Miller Children

Paul J. Chubb, DO '05, and **Allison Wawer-Chubb, DO '05**, York, PA, are the proud parents of their first child, Cole Joseph, born on August 20, 2012.

Kara Fisher Miller, DO '05, Pottsville, PA, and her husband, Jeremy, are the proud parents of Nathan Daniel, born on August 21, 2012. Little Nathan, joins sister, Chloe, in the growing Miller family.

Heather Kiraly Orkwis, DO '09, Sterling Heights, MI, and her husband, Ryan, are the proud parents of Brynn Harper, born on November 19, 2012.

Joel N. Palmer, DO '12 (GA-PCOM), Columbia, SC, married Daniela Seeger on May 5, 2012, at Most Blessed Sacrament Catholic Church in Savannah, Georgia. The couple honeymooned in the Bahamas, St. Thomas and St. Maarten. Dr. Palmer is an intern at the University of South Carolina.

OOPS!

Digest Magazine apologizes for mis-identifying the baby photos that ran in *Digest* #2, 2012. They are corrected above. The original announcement information is included below:

Mark L. Denzine, MS/PA-C '04, DO '12, and **Meredith A. Denzine, MS/PA-C '04**, Wynnewood, PA, are the proud parents of Harrison Walker, born on May 17, 2012.

Benjamin D. Lessig, DO '96, Toms River, NJ, and his wife, Celeste, are the proud parents of Noah Ethan, born on April 22, 2012.

In Memoriam

Kenneth Adams, DO '43, Cumberland Center, ME, July 24, 2012.

Bruce A. Bochman, DO '46, South Dartmouth, MA, October 26, 2012.

Nathaniel W. Boyd, III, DO '48, York, PA, October 11, 2012.

John E. Cain, DO '78, Penns Grove, NJ, August 11, 2012.

Robert M. Curley, DO '78, Lake Ariel, PA, August 7, 2012.

Robert S. Felloney, PsyD '10, Mantua, NJ, September 12, 2012.

Edward E. Geosits, DO '83, Emmaus, PA, November 26, 2012.

Mark R. Keeley, DO '76, Willow Grove, PA, October 10, 2012.

Alan Levine, DO '73, Fort Worth, TX, October 24, 2012.

David B. McClain, DO '55, Des Moines, IA, September 13, 2012.

Harold Pickoff, DO '51, Babylon, NY, July 31, 2012.

Richard A. Prant, DO '67, Philadelphia, PA, September 18, 2012.

John H. Rieckers, DO '68, Sea Bright, NJ, August 25, 2012.

Lucy D'Amico Robertson, DO '98, Washington Crossing, PA, August 27, 2012.

Albert P. Schartel, Jr., DO '54, Dresher, PA, August 25, 2012.

William C. Wagner, DO '57, Holland, MI, November 24, 2012.

Evelyn D. Whipple, RN '39, Le Roy, NY, May 11, 2012.

Alan G. Zond, DO '92, Florissant, MO, November 4, 2012.

TOP DOCTORS

The following physicians (practicing and licensed in the state of Delaware) were selected by *Delaware Today* (October 2012) as 2012 Top Doctors:

Barry L. Bakst, DO '82, Wilmington, DE – Pain Management & Physical Medicine – Rehabilitation

Robert J. Brus, DO '95, Boothwyn, PA – Hospital Medicine

Thomas J. Burke, DO '97, Boothwyn, PA – Dermatology

Steve G. Cozamanis, DO '95, Ocean City, NJ – Hospital Medicine

James Fierro, DO '88, Wilmington, DE – Family Medicine

Arnold B. Glassman, DO '86, Broomall, PA – Electromyography & Physical Medicine – Rehabilitation

Howard B. Goldstein, DO '00, Garnet Valley, PA – Urogynecology

Stephen J. Kushner, DO '88, Hockessin, DE – Family Medicine

William Sommers, DO '82, Newark, DE – Neurology

Anthony A. Vasile, Sr., DO '82, Wilmington, DE – Pulmonology

Margot L. Waitz, DO '89, Chadds Ford, PA – Adolescent Medicine

The following physicians were acknowledged by *San Diego Magazine* (October 2012) as 2012 Top Doctors. San Diego County Medical Society, working collaboratively with *San Diego Magazine*, identifies those board-certified physicians within the county who are held in highest regard by their peers:

Katherine K. Feinstein, DO '82, San Diego, CA – Pediatrics

Heather M. Hofflich, DO '01, San Diego, CA – Internal Medicine

Stephen N. Finberg, DO '76, Paradise Valley, AZ, was recognized as a "Top Doc in Pulmonary Medicine" by *Phoenix Magazine* (April 2012).

Scott E. Rosenthal, DO '94, Maple Glen, PA, was recognized as a "Top Physician in Anesthesiology" by *Suburban Life* (August 2012).

Patient First *by John B. Bulger, DO '95*

Putting the patient first sounds like an ideal that is worthy of broad adoption in health care. I chose to become a physician out of a desire to improve the lives of my neighbors. I saw the impact that my grandfather, a family physician in rural Pennsylvania, had on his community. As a child, “patient first” meant care whenever it was needed: a knock at the door (the office was attached to his home); a phone call during Thanksgiving dinner (no answering machines and pagers) or while getting a haircut (blood pressure medicines in exchange for a trim). My belief in such a humanistic model is why I chose to be a physician—why we all took this path, is it not?

Sadly, many current news stories depict physicians concerned more about salaries than patient health, unnecessary treatment being rendered for financial gain. Furthermore, there are discussions of unethical behaviors and conflicts of interest justified under the misnomer of professional rights. While these likely represent an overexposed minority, the core misalignment is a confused priority ranking of physicians’ rights and responsibilities. While a medical degree comes with all of the rights attached, it is the responsibility to the patient that comes first.

“Patient first” is a value that should be stressed from day one in medical school. It has become a tradition in many osteopathic and allopathic institutions alike to hold a white coat ceremony, either at the beginning of medical training or the beginning of clinical training. Donning a white coat symbolizes entrance into the medical profession and responsibility to the patient. Both the Osteopathic and Hippocratic oaths highlight that the physician’s primary duty is to the patient. The Osteopathic Oath specifically notes that osteopathic physicians have a “great responsibility to preserve the health and the life of [their] patients, [and] to retain their confidence and respect.”

The Division of Quality and Safety at Geisinger Health System, where I practice, has adopted a credo focused on the patient. The primary tenet is simply “patient first.” Each employee in the division carries a card emblazoned with this ideal. A credo is a statement of beliefs. Credos also serve to unify the thinking of groups and, from a leadership perspective, unambiguously communicate priorities to the team. While the primacy of the patient is often assumed, it is not always followed in practice. Our credo makes it clear that, when we are faced with the myriad decisions that occur in the delivery of health care, we should seek answers through the eyes of patients. One method to make this goal a reality is to frequently ask the question, “What would the patient want?” How many times do we ask this question—either directly or indirectly? I am not sure of the answer, but I am quite certain it is not often enough.

It is important to clarify that “patient first” is different from the business motto “the customer is always right.” In medicine, there are times when what the patient may “want” is not what the patient needs. Such examples include prescribing unnecessary antibiotics for viral illnesses and unlimited supplies of narcotics for pain or futile treatments for terminal diseases. In these cases, it is the physician’s responsibility to see the “want” from the patient’s perspective and help him or her to understand the rationale behind the need. This accountability stands in contrast to the sometimes dismissive behavior of omnipotent healers.

One final thought is that “patient first” requires an open mind to others’ perspectives. While the physician may feel that it is eminently clear what the patient wants or needs, the patient may not concur. There are many cultural, spiritual and social reasons for this difference. It is much like the story of the six blind men who come upon an elephant. Each relates his impression of the elephant by the part he touches: the ear is a fan, the leg is a tree, the tusk is a spear, the tail is rope, the body is a wall and the trunk is a snake. Of course, each is touching an elephant; so too are nurses, pharmacists, physicians and patients themselves. Yet we each touch a different part of the patient’s problem. A realization and acknowledgment of divergent views is often helpful.

It is my belief that a return to—or re-emphasis of—a “patient first” approach can improve the quality of health care as well as improve the quality of life for both patients and physicians. This approach focuses on a simple subject, the patient, and allows physicians to lead the profession they chose to pursue: a profession that aims to keep the needs of the patient indeed first.



“Both the Osteopathic and Hippocratic oaths highlight that the physician’s primary duty is to the patient. The Osteopathic Oath specifically notes that osteopathic physicians have a ‘great responsibility to preserve the health and the life of [their] patients, [and] to retain their confidence and respect.’”

Dr. Bulger is an internist, hospitalist and osteopathic medical educator. He presently serves as chief quality officer for the Geisinger Health System. He is also a member of the PCOM Board of Trustees.

Readers: The staff of Digest welcomes your ideas for essays that would be of interest to the PCOM community. Please submit ideas in writing to Jennifer Schaffer Leone, editor. E-mail jenniferleo@pcom.edu or mail Marketing & Communications, 4180 City Avenue, Philadelphia, PA 19131-1695.

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